MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
TICKET TO WORK HEALTH ASSURANCE
AUTOMATIC WITHDRAWAL AUTHORIZATION
(START, CHANGE, OR CANCEL)

_____ _____

_____

Please allow 30 days for automatic withdrawal to start/change/cancel. When the automatic withdrawal is effective you will not receive a monthly invoice. The automatic withdrawal is taken out of your account for the following month; example, June is taken out for July, etc. Continue to pay the monthly invoices you receive until then. If you need help filling out the Automatic Withdrawal form, or to verify the effective date, call toll free at 1-877-888-2811.

- ☐ Start I want the Missouri Department of Social Services to withdraw the Ticket to Work premium from my account.
- ☐ Change I want the Missouri Department of Social Services to change automatic withdrawal to the bank account named below.
- ☐ Cancel I want to cancel the automatic withdrawal of the Ticket to Work premium.

PART A - Account Information

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

- Check the box that tells if you are using a checking account or savings account.

- ☐ Checking (Attach a blank check with VOID written across it.)
- ☐ Savings (Attach a savings deposit slip showing your account number with VOID written across it.)

Bank Routing Number - Write your financial institution's routing number printed at the bottom left portion of your checks or deposit tickets (first 9 numbers).
Bank Account Number - Write the account number printed on the bottom of your checks following the routing number. It may be the first numbers after the routing number followed by your check number (example 1), or the numbers that follow your check number (example 2). (See examples on page 2) The check number is NOT part of the account number.

Bank Routing Number _ _ _ _ _ _ _ _ _ Bank Account Number _____

Name of Financial Institution _____

Address of Financial Institution (Street) _____

(City) _____ (State)_____ (Zip Code)_____

Financial Institution Telephone Number (_ _ _) _ _ _ - _ _ _ _

Mail both pages of the Automatic Withdrawal Authorization form to : MO HealthNet Division, Financial Services Unit, P.O. Box 6500, Jefferson City, MO 65102-6500.

Part B - Agreement

I hereby authorize the withdrawal of the Ticket to Work premium on or around the **15th** of each month from my checking or savings account with the financial institution indicated above. The automatic withdrawal is taken out of your account for the following month; example, June is taken out for July, etc. I understand that the Ticket to Work premium amount will vary monthly based on family size and income, and authorize continued automatic withdrawals. Withdrawals will be made monthly unless I choose to terminate this agreement. I understand that the MO HealthNet Division will make a reasonable effort to complete this transaction in a timely manner. I recognize that it is my responsibility to have the funds available in the account indicated above for the withdrawal of my monthly Ticket to Work premium.

Signature of Client _____ Date_____

Telephone Number (__ __ __) __ __ __ - __ __ __ __

Part C - Customer Information

Case Number __ __ __ __ __ __ __ __ Name _____

Telephone Number (__ __ __) __ __ __ - __ __ __ __

Example 1

FINANCIAL INSTITUTION CHECK NO. 1234
HOMETOWN, USA

PAY TO THE ORDER OF _____

121456789 8765432109812 1234

ROUTING # **ACCOUNT #** **CHECK #**

Example 2

FINANCIAL INSTITUTION CHECK NO. 1234
HOMETOWN, USA

PAY TO THE ORDER OF _____

121456789 1234 8765432109812

ROUTING # **CHECK #** **ACCOUNT #**

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